

MOTOR VEHICLE DEALER / MANUFACTURER RECORD DISCLOSURE REQUEST

REQUESTOR INFORMATION

NAME(PLEASE PRINT COMPANY AND/OR INDIVIDUAL NAME)			DATE OF REQUEST	PHONE NUMBER
				()
MAILING ADDRESS (NUMBER AND STREET)	CITY	STATE	ZIP CODE	FAX NUMBER
				()
1. TYPE OF INFORMATION OR SPECIFIC	RECORD(S) RE	QUESTED		
2. Explain the reason(s) for which the inform		l and how it will h	an unad	
2. Explain the reason(s) for which the inform	iation is requested	ranu now it wiii t	e useu.	
3. Will personal information be provided to	others? NO	☐ YES (If YE	S explain)	
4. Will owner(s) of record be contacted?	□ NO □ YES	(If YES explain h	ow and why)	
5. Licensee lists may be accessed by visiting our Internet site: https://wws2.wa.gov/dol/profquery/licenseesearch.asp				
THE REQUESTER IS: (Mark all that apply and attach appropriate documentation.) ☐ An attorney (attach copy of business license or bar card number) ☐ A private investigator (attach copy of Private Detective license) ☐ A business entity (see below for appropriate documents)				

APPROPRIATE DOCUMENTATION TO ATTACH TO REQUEST.

A business entity - Must provide a copy of the unexpired Washington Registrations and Licenses document (Master Business License), or City or County Business License.

For businesses outside this state - Must provide a copy of the unexpired business license issued by the out-of-state jurisdiction where the business entity is authorized to do business or the business UBI number or Federal Tax ID number.

PLEASE MAIL OR FAX COMPLETED APPLICATION AND SUPPORTING DOCUMENTATION TO:

DEPARTMENT OF LICENSING ATTN PUBLIC DISCLOSURE PO BOX 2957 OLYMPIA WA 98507-2957 FAX # (360) 902-3827 ATTN PUBLIC DISCLOSURE